

Central Park Players Camp Rock Star Registration Form

Camp Fee: \$30 Non-Member \$25 Member

REGISTRATION DUE BY JULY 6, 2012 TO ENSURE A CAMP ROCK T-SHIRT

To be completed by parent or guardian. Type or print clearly in ink only. Fill in all sections.
Your tuition *MUST* accompany this form. *Incomplete or illegible forms will not be accepted.*
If registering more than one camper, please use a separate form for each.

Camp Rock Star Hours 10:00 am til 4:00 pm

Camper's T-shirt Size **(Circle One)**

Youth Sizes: Small Medium Large

Camper's Name: _____

Home Address: _____

Street City State Zip

Daytime Phone: () _____

area code

Male Female (Circle One)

Contact Email _____

Camper's Age: _____

Health History & Emergency Information

Allergies: Any allergies (circle one) YES NO If YES, what is the allergy? _____

Asthma: Does Camper have Asthma (circle one) YES NO If YES, does he/she use an inhaler? _____

Other: Any other health concerns or physical issues that could prohibit camper from participating fully in camp or that we should be aware of so that we may accommodate their needs?

Emergency Contact Information:

Parent's/Guardian's Name(s): _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

Email (if different than above) _____

Please list an additional person to contact in an emergency in case you cannot be reached:

Name: _____ Relationship to Student: _____

Home/Cell Phone: _____ Work Phone: _____ Email: _____

Student's Regular Physician (Primary Care Provider) And Phone Number _____

Are there any special precautions that must be considered in treating the participant in case of an emergency (allergies to medicines, diabetes, contact lenses, etc.) YES NO (circle one)
If YES, please explain: _____

Permission to Attend Camp, Be Photographed, and Receive Medical Treatment

I, the undersigned Parent or Guardian, do hereby grant permission for my child (named above) to I give permission for my child to be photographed while participating in camp activities for I do hereby grant permission for my child to receive necessary medical treatment in the event of an injury or illness while attending this CPP sponsored workshop. I accept responsibility for full payment of such medical treatment. I will not hold Central Park Players (CPP), and/or their representatives responsible in the exercise of this authority.

Name Relationship/Date

Payment: Make Checks or Money Order Payable to "**Central Park Players**"
We do not accept credit cards at this time.

Please return this form with your payment to:
Central Park Players
PO Box 362
Spring Lake, MI 49456

Registrations **must be received by July 6** in order to receive the T-shirt size of your choice. Any registrations received after July 6 WILL NOT be guaranteed a shirt.